



State of Rhode Island
Department of Business Regulation



Division Of Commercial Licensing And Racing and Athletics
Travel Section
233 Richmond Street, Suite 230
Providence, Rhode Island 02903-4230
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2006 TRAVEL MANAGER RENEWAL
(FEE: \$50.00 Payable to Rhode Island General Treasurer)

Name of Manager	Social Security Number	Date of Birth
Name of Employing Travel Agency		
Business Address (Principal Office) – Street, City/Town, State, Zip Code		
Branch Location, if any, other than principal office		
Street	City/Town	State Zip Code
Current License Number	Business Telephone	
Residence Address – Street, City/Town, State, Zip Code		Home Telephone Number
<p>Have you, the signator of this application, ever been convicted in any jurisdiction of a felony or misdemeanor? (check one) _____ Yes _____ No</p> <p>If answer is yes, list the: charge, Court of Jurisdiction, date of conviction, penalty imposed, final disposition, if any.</p>		
<p>The undersigned hereby applies for renewal of Travel Manager license subject to the provisions of Title 5, Chapter 52, General Laws of Rhode Island, and under the pains and penalties of perjury makes oath to the truth and accuracy of all statements, answers, and representations made in this application, including all supplementary statements hereto attached.</p> <p>Signature of Applicant _____</p>		